

Your Name: _____
 Your Address: _____
 Your City, State, Zip Code: _____
 Your Telephone Number: _____
 State Bar Number (Attorneys only): _____
 Represents: ☐ Self (Without a Lawyer) or ☐ Attorney for: _____

SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

In the Matter of
the Guardianship of

Case Number: PB _____

LETTERS OF APPOINTMENT AS PERMANENT GUARDIAN AND ACCEPTANCE OF LETTERS

_____ ☐ an Adult or ☐ a Minor

ISSUANCE OF LETTERS:

1. **This person is appointed:** (name) _____ as guardian for the above captioned adult or minor.
2. **Reason for appointment:** The above captioned adult or minor is an incapacitated ward.
3. **Length of appointment:** until further order of this court or _____.
4. **Restrictions** that apply to this permanent appointment, by order of the court:

WITNESS: _____

CLERK OF THE SUPERIOR COURT

SEAL

By _____
Deputy Clerk

ACCEPTANCE OF LETTERS OF APPOINTMENT

State of Arizona)
Maricopa County) ss.

I accept the duties as permanent guardian of (NAME) _____ and I swear that I will perform these duties according to law.

GUARDIAN

Subscribed and sworn to before me this date: _____ by

My Commission Expires:

Deputy Clerk/Notary Public